

Minister for Public Health, Sport and Wellbeing

Joe FitzPatrick MSP



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The Scottish Parliament
Edinburgh EH99 1SP

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Dear Lewis

In May 2017, your committee published a report on Healthcare in Prisons. My predecessor, Ms Campbell, wrote to the Committee in July 2017 in response. I am writing to you to provide an update on work we began to undertake since then to address the broad range of recommendations made by the Committee. Health and social care in prisons is an issue we are taking very seriously. This was reflected in our Programme for Government, *Delivering for today, investing for tomorrow*, and in the proposed budget for 2019-20 currently before Parliament, which has allocated an additional £3m to improve health and social care in prisons next year.

There are several vehicles for driving the necessary improvement in the delivery of Health and Social Care in prison settings. Many of these levers sit with our partners. The responsibility for healthcare services in prisons sits with local partners, the NHS Boards and Integrated Joint Boards. The Scottish Prison Service (SPS) also plays a crucial role in facilitating access to those services. The staff across all these organisations show huge passion and commitment to improving services for the people in their care.

The Scottish Government also has a crucial role to play in terms of national leadership. To drive the necessary changes we have established a dedicated programme of work, the Health and Social Care in Prisons Programme. The programme board, which includes broad range of stakeholders, is chaired by the SG's Director for Population Health, and the work is supported by a dedicated team in the Scottish Government, funded jointly by the SG's Health & Social Care and Justice Directorates. The programme reports directly to the Health and Justice Collaboration Improvement Board, which is co-chaired the Director-General for Health and Social Care and Director-General for Education, Communities and Justice, and brings together Chief

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Executives of Health and Justice organisations to improve services in areas where health and justice intersect. The Health and Social Care in Prisons programme is establishing structures across a range of areas which will create a platform for partners to drive local improvement.

Integrating Health and Social Care in Prisons

Your committee's report identified that partners' responsibilities around provision of social care in prisons was unclear and should be kept under review. The HM Inspectorate of Prisons Scotland (HMIPS) report *Who Cares?* (2017) illustrated some of the issues experienced by older prisoners. We have come to the conclusion that the SPS are not the partner with the most appropriate expertise to commission social care for people in prisons, and are therefore developing options for how these services can best be embedded in the wider Health and Social Care integration landscape. This will enable more appropriate integration of health and social care, both in prisons and on transition to and from communities.

The prison environment is different from any in which health and social care services are delivered in the community. We are therefore helping partners develop effective practice, in several stages:

- With Social Work Scotland (SWS), we have commissioned the School of Education and Social Work at the University of Dundee to report on the current policy and delivery context for social care in prisons, outline best practice in accordance with the evidence base, and propose a vision for the future.
- In 2019-20, SWS will work with local partners across a number of establishments to develop local models of person-centred social care delivery in prisons.

This work will also inform a broader review of the Memorandum of Understanding which currently only covers responsibilities of SPS and those NHS Boards that host prisons.

Structures for driving improvement

Your 2017 report notes that a number of recommendations developed by the National Prisoner Healthcare Network have not been implemented, such as its *Substance Misuse Report* of 2016. While the Scottish Government endorsed those recommendations in *Rights, Respect and Recovery* (2018), a more fundamental issue has been that the Network has not had sufficient traction with delivery partners to improve services. We have therefore engaged closely with frontline NHS and SPS staff, as well as wider stakeholders, to develop a more effective national structure to replace the National Prisoner Healthcare Network which can resolve issues that need a national approach; spread best practice; and support healthcare professionals to improve services and innovate. A new national Network will be launched in spring 2019.

Quality, Outcomes and Improvement

Your report highlighted an absence of reliable data around healthcare in prisons. We agree that this is a prerequisite both for assurance, management and improvement purposes. We are therefore developing a full suite of health and social care quality indicators for use in prisons, in order to be able to assess the quality of services

provided in prison and the transition of their care in and out of prison. A dashboard, presenting data by prison, accessibly and transparently, is expected to be in place by Spring 2019. Initially, this will include existing data and a phased approach will broaden and improve the data presented there. A new clinical IT system for prisons will provide yet greater scope to improve the data that will be fed into the dashboard.

Clinical IT

The lack of functionality and connectivity of the clinical IT in Prisons has been highlighted as an issue by the Committee in both the *Prisoner Healthcare Report* and *Technology and innovation in health and social care*. Some of these issues can be addressed by improving the use of the existing system by providing training, support and guidance. We have commissioned an analysis of current use of clinical IT in prisons, with a view to developing consistent, maximum use of the systems across all prisons and NHS Boards, supported by appropriate training. This work will be completed by the end of Spring 2019, with any recommendations for training and configuration anticipated in 2019-20.

However, the current clinical IT system will not be supported beyond March 2021, so work has begun to replace the system as part of the wider GP IT re-provisioning programme. It is likely, however, that the system provided by this generic programme will require additional functionality around prescribing in order to be suitable for safe use in prisons, and officials are currently developing options for achieving this.

Improving Joint working

Delivering healthcare in prisons requires better joint working between NHS and SPS staff. To begin to address this, the previous Minister for Public Health and Sport announced an Improvement Fund in the summer of 2018. This provided £100,000 of seed funding to give local staff the capacity to improve their joint working. This work is now underway. We anticipate expanding on this work in 2019-20, with an aim to improve the use of existing NHS capacity in prisons through better joint working with the SPS.

It is worth drawing your attention to recent example of outstanding cooperative working in prisons between the SPS and NHS Scotland: Scotland's prisons went smoke-free on 30 November 2018 and to date there have been no significant negative responses from people in prisons.

A structured programme including SPS, NHS Scotland, Scottish Government, Health Scotland, staff representatives and their unions helped ensure that the right people at national and local level were working together with all the relevant expertise and experience required toward a common, clearly-articulated aim. Members of this group concluded that the experience of working so closely together through a structure such as this had been very positive and that this same approach could and should be adopted for other health topics.

The programme approach also ensured that people in prisons were kept up to date with the timetable, were closely involved in planning activities and were consulted on what support and diversionary activities would be best suited to their establishment. Health staff were included in local planning by SPS in each prison and

many SPS officers volunteered to be trained in supporting health staff work with those in prison who would need support before and after 30 November.

Workforce levels

Work is underway through the Chief Nursing Officer's Directorate to scope the feasibility of a more fundamental package of measures to address NHS workforce issues in prisons including support for education and training.

The Health and Care (Staffing) (Scotland) Bill will place a duty on Health Boards to ensure appropriate staffing. This duty will extend to NHS employed staff working in prisons. Healthcare Improvement Scotland (HIS) will be taking on the existing Nursing and Midwifery Workload and Workforce Planning Programme in order to develop new workload planning tools in support of the Bill. HIS will give consideration to which areas are a priority for the development of new tools, which may include prisoner health care.

Mental Health

As the Committee noted, the Mental Health Strategy commits to fund 800 additional mental health workers in key settings, including prisons. Funding for this commitment will rise to thirty five million by 2022. We have been working with the Chief Officers of Integration Joint Boards on the development of this Action. This includes obtaining further detailed workforce plans to provide information on workforce allocation, location of workforce for 2018-19 and details on the trajectory toward the 800 total by 2021-22. In addition, work is underway to review the evidence base for effective interventions in relation to mental health in a prison setting, with a view to informing service delivery by local partners.

Drug and Alcohol Strategy

Rights, Respect and Recovery includes a section on the importance of ensuring that people who come in to contact with justice agencies are provided with the right support from appropriate services, with the aim of addressing the health related causes of reoffending. It also sets out what is expected in terms of the provision of alcohol and drugs services in prison and the support that should be in place on release.

Blood Borne Viruses

The Sexual Health and Blood Borne Virus Framework 2015-2020 commits to introducing opt-out BBV testing in prisons. As part of the Scottish Health Protection Network, a short life working group has developed guidance and resources to support improvements in the delivery of opt-out testing. While further work is required with a range of partners to ensure successful implementation of the guidance, I felt very encouraged by my recent visit to Waverley Care in Barlinnie, where I heard about the Prison Link Project to support prisoners with Hepatitis C.

Throughcare

As highlighted by the Committee, it is important to address the holistic needs of people leaving prison. A vital part in preparing people in and leaving prison for successful reintegration into the community is ensuring that their housing needs are identified at the earliest opportunity. In 2017, in partnership with a range of stakeholders we published the *Scottish Quality Standards Housing Advice, Information and Support for People in and leaving Prison*. The standards have been developed to ensure that the

housing needs of individuals in prison are handled at an early stage, in a consistent way across Scotland, regardless of where they come from, their housing status and how long they have been in prison or young offenders' institution. The standards are designed to ensure that people leaving prison can access services and accommodation in the same way as people living in the community.

Work is ongoing within Social Security Scotland to develop its local delivery service. Local Delivery advisers will provide people with one-to-one support and help them understand what devolved benefits they are entitled to, help complete applications, support people through the process and any follow up actions relating to their case. The service will include visits to prison to offer advice and support to people during their stay and in preparation for their release.

In September 2018 we published new Guidance on Patient Registration for General Practice which included specific guidance on the registration of people leaving prison. The guidance is clear that these patients should have fair and equitable access to Primary Care Services, including access to a GP.

In addition to the recommendations in the Committee's report, our stakeholders have identified a number of areas of additional priority, and work is underway to take these forward:

- Access to services and quality of care could be significantly improved for patients in prison, and the burden on healthcare services in the community could be reduced, if patients did not have to travel to external facilities so frequently and could access these services using Telehealth. Pathfinder Projects are now being identified to test this approach in 2019-20.
- We are also reviewing the quality of NHS facilities in our prisons, to ensure that the environment in which patients are treated and NHS staff work is appropriate.

I hope this letter provides a useful overview of the work we have undertaken since the publication of the Committee's Report. Please be assured that we will provide you with regular updates on this work as it progresses.

Best wishes



JOE FITZPATRICK